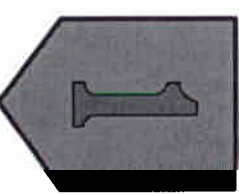




ENLISTED PERSONNEL MANAGEMENT ELECTRONIC SOP



Foreign Service Tour Extension (FSTE)

Eligibility Criteria:

- Must be properly utilized in authorized MTOE /TDA position
- Should submit request NLT 12 months prior to DEROS (may submit NLT 60 days prior to DEROS as an exception to policy)
- Must not be in receipt of assignment instructions (May submit an exception to policy)
- Must not be flagged
- Length of FSTE may not exceed length of current overseas tour (e.g. 25 or 37 months)
- Soldier must reenlist or extend to meet the service remaining requirements
- Soldiers may be eligible to receive benefits of Overseas Extension Incentive Program (OTEIP) (see MILPER message 01-226). Options are as follows:

A: Special Pay

B: 30 Days Free Leave

C: 15 Days Free Leave and Free Round Trip Travel

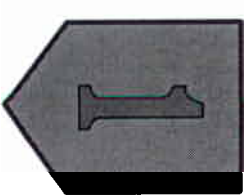
D: \$2,000 Lump Sum Bonus



ENLISTED PERSONNEL MANAGEMENT ELECTRONIC SOP

Foreign Service Tour Extension

(FSTE) Cont.



Documentation Required:

- DA Form 4187
- Memorandum of recommendation by BDE/Sep BN Cdr or DA Form 4187-1-R
- Memorandum of recommendation by CSM or first O5/O6 in Chain of Command (if soldier will serve more than 6 years in USAREUR - e.g. Career Progression)
- Enlisted Records Brief (ERB), not more than 60 days old

Approval Authority:

1st PERSCOM/HQDA if on Assignment Instructions (AI)

Disapproval Authority:

Delegated to G-1, Enlisted Personnel Management, 11D by MACOM Commander

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) Commander Battalion Address	2. TO (Include ZIP Code) Commander 1st Infantry Division ATTN: AETV-BGA-EPM APO AE 09036	3. FROM (Include ZIP Code) Commander Unit Address
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) ANY SOLDIER	5. GRADE OR RANK/PMOS/AOC E-5/75H	6. SOCIAL SECURITY NUMBER 000-11-2222
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SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____

_____ effective _____ hours, _____ 19 _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) Request FSTE
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

1. IAW AR 614-30, para 6-2 soldier requests a ____ month Voluntary Foreign Service Tour Extension of his/her current tour. FSTE JUSTIFICATION:

CURRENT DEROS:

REQUESTED DEROS:

ETS DATE:

ARRIVAL DATE TO USAREUR:

SPOUSES RANK/NAME/SSN/UNIT:

2. I understand that I must reenlist or extend to meet the service remaining requirement within 60 days of the approval of this action if my requested DEROS is beyond my ETS Date. Furthermore I understand that if I fail to do so, my FSTE will be canceled and my original DEROS will be reestablished.

3. I am/am not currently on assignment to _____, with a report date of _____.

4. Soldier is/is not eligible for the Overseas Tour Extension Incentive Program and choose option # _____

3 Encl(s)

- Memorandum of recommendation by BDE/Sep BN Cdr or DA Form 4187-1-R
- Memorandum of recommendation by CSM or first O5/O6 in Chain of Command (if necessary)
- Enlisted Records Brief (ERB), not more than 60 days old

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE

Commander's Full Name, Rank, Commanding